

November 9, 2005

Montana Medicaid Notice

Hospice Providers

Revised Rate Increase

CMS advised the Department on November 3, 2005, that revised Hospice rates went into effect on October 1, 2005. Yellowstone, Cascade, Missoula and Carbon counties are not affected by the revision. All other parts of Montana are affected by the revision.

Effective October 1, 2005, provider rates for hospice services will be:

Hospice Rates							
Montana							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Total	Hour
651	Routine Home Care	\$ 87.02	0.9229	\$ 80.31	\$ 38.22	\$119.94	
652	Continuous Home Care	\$507.46	0.9229	\$468.33	\$222.85	\$699.42	\$29.14
655	Inpatient Respite Care	\$ 74.56	0.9229	\$ 68.81	\$ 60.92	\$131.99	
656	General Inpatient Care	\$360.18	0.9229	\$332.41	\$195.29	\$534.92	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Billings/Yellowstone County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Total	Hour
651	Routine Home Care	\$ 87.02	0.9505	\$ 82.71	\$ 39.63	\$122.34	
652	Continuous Home Care	\$507.46	0.9505	\$482.34	\$231.09	\$713.43	\$29.73
655	Inpatient Respite Care	\$ 74.56	0.9505	\$ 70.87	\$ 63.18	\$134.05	
656	General Inpatient Care	\$360.18	0.9505	\$342.35	\$202.51	\$544.86	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Great Falls/Cascade County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Total	Hour
651	Routine Home Care	\$ 87.02	0.9344	\$ 81.31	\$ 39.63	\$120.94	
652	Continuous Home Care	\$507.46	0.9344	\$474.17	\$231.09	\$705.26	\$29.39
655	Inpatient Respite Care	\$ 74.56	0.9344	\$ 69.67	\$ 63.18	\$132.85	
656	General Inpatient Care	\$360.18	0.9344	\$336.55	\$202.51	\$539.06	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Missoula/Missoula County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Total	Hour
651	Routine Home Care	\$ 87.02	1.0201	\$ 88.77	\$ 39.63	\$128.40	
652	Continuous Home Care	\$507.46	1.0201	\$517.66	\$231.09	\$748.75	\$31.20
655	Inpatient Respite Care	\$ 74.56	1.0201	\$ 76.06	\$ 63.18	\$139.24	
656	General Inpatient Care	\$360.18	1.0201	\$367.42	\$202.51	\$569.93	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Hospice Rates (continued)							
Carbon County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Total	Hour
651	Routine Home Care	\$ 87.02	.9367	\$ 81.51	\$ 39.63	\$121.14	
652	Continuous Home Care	\$507.46	.9367	\$475.34	\$231.09	\$706.43	\$29.43
655	Inpatient Respite Care	\$ 74.56	.9367	\$ 69.84	\$ 63.18	\$133.02	
656	General Inpatient Care	\$360.18	.9367	\$337.38	\$202.51	\$539.89	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>